



2016 ARIZONA STATE PARKS GRANTS APPLICATION PACKET

SECTION I. GRANT APPLICATION

DATE COMPLETED:

PROJECT SPONSOR NAME:

PROJECT SPONSOR ADDRESS:

CITY:

ZIP:

WEBSITE:

PROJECT COORDINATOR:

TITLE:

E-MAIL:

PHONE:

CELL:

SECONDARY PROJECT COORDINATOR (**REQUIRED**):

TITLE:

PHONE:

CELL:

EMAIL:

THIRD PARTY AGENCY (IF APPLICABLE):

WEBSITE:

CONTACT:

EMAIL:

TITLE:

PHONE:

CELL:

PROJECT TITLE:

Click on the provided links to verify your Congressional and Arizona Legislative Districts

Provide nearest town/city to
project location:

[CONGRESSIONAL DISTRICT:](#)

[AZ LEGISLATIVE DISTRICT:](#)

COUNTY:
Choose

1. Brief Description of Project (250 words or less)

(Summarize the project proposal including scope and nature of what is to be accomplished. What will be accomplished with the funds that you will receive):

Sample Application

TRAIL INFORMATION:

- Using the table below list all trails with approximate length to be included in the Project Area.
- Provide a 7.5 topographical map with each trail clearly identified and indicate where construction will occur. Please refer to additional map instructions provided in the Grant Manual, pages 36-39.

Trail Name	Trail #	Approx. Length	Trail Name	Trail #	Approx. Length

3. List total miles of new trails to be constructed: Not Applicable ☐

4. List total number of miles to be maintained: Not Applicable ☐

5. Will this project involve youth participation (volunteers): ☐ YES ☐ NO

If Yes, please provide details in your written criteria responses (Section II.)

USES ALLOWED ON TRAIL: Check all that apply.

<input type="checkbox"/> Hiker	<input type="checkbox"/> Equestrian	<input type="checkbox"/> Boating	<input type="checkbox"/> Mountain Bike	<input type="checkbox"/> Accessible Access
<input type="checkbox"/> Quad	<input type="checkbox"/> Off-road Truck	<input type="checkbox"/> Snowmobile	<input type="checkbox"/> Paddling	<input type="checkbox"/> Other
<input type="checkbox"/> Side-by-Side	<input type="checkbox"/> Dirt Bike	<input type="checkbox"/> Cross-Country Ski	<input type="checkbox"/> Pack Animals	

ELIGIBILITY CATEGORY. Check boxes that most clearly describe the type of project proposed.

<input type="checkbox"/> Maintenance of existing trails	<input type="checkbox"/> Develop of trailside/trailhead facilities	<input type="checkbox"/> Safety & Education
<input type="checkbox"/> Development of new trails	<input type="checkbox"/> Development of urban linkages	<input type="checkbox"/> Acquisition of easements
<input type="checkbox"/> Restoration of damaged trail head	<input type="checkbox"/> ADA trail development	
<input type="checkbox"/> Development of Water Trail	<input type="checkbox"/> Develop of new trail on Federal land	

PROJECT FUNDING AMOUNT

STATE PARKS USE ONLY
APPROVED AMOUNT: \$

GRANT REQUEST	\$ MATCH AMOUNT (IF APPLICABLE) See Manual for Match Requirements	TOTAL PROJECT COST
\$		

CERTIFICATION:

This form must be signed for the application to be considered complete.

I hereby certify that the information in this application is true and correct to the best of my knowledge.

Note: Forest Supervisor must sign if applicant is National Forest Service. District Supervisor must sign if applicant is the Bureau of Land Management.

Authorized Agent: _____ Date: _____

Must be signed by the individual authorized to act on behalf of the project sponsor conducting all official business related to the project (same person as in resolution)

Typed Name: _____

Title: _____

SECTION II. GRANT CRITERIA RESPONSE FORM

MOTORIZED GRANT CRITERIA FORM

- Refer to pages 16-24 for specific guidance on how to complete this section of the application.
- Select the Priorities and Scope items that best fit your project.
- Provide a written description (Max 250 words) of the proposed scope items (criterion) and explain how each scope item meets the intent of the specific priority. A scope item must be designed to meet the requirements of a specific criterion. Therefore, scope items cannot be submitted for more than one criterion.

First Level Priority

1. Protect Access to Trails/Acquire Land for Public Access.
2. Maintain and Renovate Existing Trails and Routes
3. Provide and Install Trail/Route Signs
4. Establish and Designate Motorized Trails, Routes, and Areas

Second Level Priority

5. Develop Support Facilities
6. Provide Maps and Trails Information
7. Mitigate and Restore Damage to Areas Surrounding Trails, Routes and Areas

Third Level Priority Components

8. Provide Educational Programs
9. Completion of Environmental/Cultural Clearance and Compliance activities
10. Increase On-the-Ground Management Presence and Law Enforcement

Bonus Points

11. Promote Comprehensive Planning and Interagency Coordination
12. Dust Abatement
13. Local Need Per the Priorities Identified in the State Comprehensive Outdoor Recreation Plan (SCORP) or Local/Regional Plan.
14. Community Support/Public Support
15. First Time Project Sponsors/New Areas
16. Matching Funds (15% or more of Total Project Cost)
17. Expansion, Phase, or Connection to an Existing Successful OHV Grant Funded Project
18. Multiple Motorized Use (3 or more motorized uses)

NON-MOTORIZED PRIORITIES

First Level Priority

1. Renovation and Maintenance of Existing Trails
2. Protect Access to Trails / Acquire Land for Public Access
3. Mitigate and Restore Damage to Areas Surrounding Trails

Second Level Priority

4. Provide Educational Programs
5. Enforce Existing Rules and Regulations
6. Provide and Install Trail Signs
7. Develop Support Facilities
8. Construct New Trails
9. Provide Maps and Trail Information

Bonus

10. Matching funds at least 10%
11. Youth Corps Involvement
12. American with Disabilities Access/Standards
13. All SHPO/NEPA documentation included in application
14. First time applicant
15. Diversity of Trail Us

Sample Application

SECTION III. ELIGIBILITY FORMS

ASSURANCE OF COMPLIANCE Title II, Americans with Disabilities Act of 1990 P.L. 101-336, 42 U.S.C. Chapter 126

Project Sponsor Name:

THE UNDERSIGNED ACKNOWLEDGES AWARENESS OF AND THE RESPONSIBILITY TO COMPLY WITH THE FOLLOWING:

Title II, of the Americans with Disabilities Act, (“ADA”) and federal department regulations on its implementation.

It is understood that recipients of Arizona State Park motorized and non-motorized project funds are required to comply with Title II of the ADA and those regulations of federal departments and agencies on its implementation. The ADA and federal department regulations mandate that: No qualified individual with a disability shall, on the basis of disability, be excluded from participation in or be denied the benefits of the services, programs or activities of a public entity, or be subjected to discrimination by any public entity. See 28 CFR Part 35.

This assurance is effective as of the date of state approval of funds and throughout the period during which real or personal property is used.

SIGNATURE OF AUTHORIZED AGENT

DATE

PRINT NAME AND TITLE OF AUTHORIZED AGENT

RE: CONTROL AND TENURE / AUTHORITY TO APPLY
(For Federal and Tribal Project Sponsors and the State Land Department ONLY)

The intent of this letter is to provide evidence of control and tenure of the project site and authority to apply as required by the application.

Evidence of Control and Tenure: All improvements proposed in this grant application are compatible with the approved land use plan of the (Forest, field office, tribe, ASLD) and will be constructed on land that is within the boundaries of and under the management of the (forest, field office, tribe, ASLD). These lands are not classified or have been identified as base-for-exchange and will be available for public use for the term of this agreement.

Authority to Apply: Project Sponsor Name:

- Approves the filing of an application for Arizona State Parks Program fund assistance;
- Certifies that the application is consistent and compatible with all adopted plans and programs of the (forest, field office, tribe, ASLD) for motorized and or non-motorized trails facility developments;
- Agrees to comply with all appropriate procedures, guidelines, and requirements established by Arizona State Parks as a part of the application process;
- Certifies that (forest, field office, tribe) will comply with all appropriate state and federal regulation, policies, guidelines and requirements as they relate to the application;
- Certifies that (forest, field office, tribe, ASLD) has matching funds in the amount of \$ from: (list sources)

and;

- Appoints the (generic title or specific individual) as agent of the (official name of forest, field office, tribe, ASLD) to conduct all negotiations, execute and submit all documents including, but not limited to, applications, agreements, amendments, billing statements, and so on which may be necessary for the completion of the aforementioned project.

Signature of appropriate authority _____

Printed Name and Title:

RESOLUTION

(For Non-Federal Entity Project Sponsors ONLY)

Resolution No. _____ RESOLUTION OF THE _____ (Project Sponsor Name):
Project Sponsor's Governing Body (if different from Sponsor Name)
Project Title: _____

APPROVING THE APPLICATION FOR MOTORIZED AND NON-MOTORIZED PROGRAM GRANT

WHEREAS, the Congress of the United States has authorized the Recreational Trails Program (RTP) as a federal-aid assistance program to help states provide and maintain recreational trails for motorized and non-motorized recreational use, and the State of Arizona has established the Off-Highway Vehicle Recreation Fund to fund a variety of off-highway vehicle recreations projects, and these funds are available to eligible project sponsors for acquiring lands and developing facilities for public off-highway vehicle purposes; and

WHEREAS, Arizona State Parks (Parks) is responsible for the administration of the Statewide OHV and RTP Programs within the State, setting up necessary rules and procedures governing application by eligible project sponsors under the program; and

WHEREAS, said adopted procedures established by Parks require the project sponsor to certify by resolution the approval of applications, signature authorization, the availability of local matching funds (if applicable), and authorization to sign a Project Agreement with the Parks prior to submission of said applications to the Parks; and

NOW, THEREFORE, BE IT RESOLVED THAT THE PROJECT SPONSOR'S GOVERNING BODY hereby:

1. Approves the filing of an application for motorized assistance, and
2. Certifies that the application is consistent and compatible with all adopted plans and programs of: _____ for motorized trails facility development; and
3. Agrees to comply with all appropriate procedures, guidelines, and requirements established by the Parks as a part of the application process; and
4. Certifies that Project Sponsor will comply with all appropriate state and federal regulations, policies, guidelines, and requirements as they relate to the application; and
5. If applicable, certifies that Project Sponsor has matching funds in the amount of \$ _____ from the following sources _____; and
6. Appoints the (Title can be more than one person) _____ as agent of (Project Sponsor's Governing Body) _____ to conduct all negotiations, execute and submit all documents including, but not limited to, applications, agreements, amendments, billing statements, and so on which may be necessary for the completion of the aforementioned project.

I, the undersigned _____ being the duly appointed and qualified (Office Held) _____ of _____ (project sponsor), certify that the foregoing Resolution No. _____ is a true, correct and accurate copy of Resolution No. _____

Passed and adopted at a regular meeting of _____ (Project Sponsor), held on (Date) _____ at which a quorum was present and voted in favor of said (Date) _____ Resolution.

Signed by: _____

Date: _____

Approved As To Form: Attorney: _____

Date: _____

NONPROFIT CERTIFICATION STATEMENT / AUTHORITY TO APPLY

I, _____, being duly sworn, depose, state and certify as follows:

1. I am the _____ of _____, a non profit corporation duly organized under the laws of the State of _____. (“Corporation”);
2. The Corporation is a valid, existing nonprofit corporation in good standing under the laws of the State of Arizona;
3. The Corporation has the full authority to enter into the foregoing the Arizona State Parks Grant Application (the “Application”);
4. The Corporation has undertaken all actions necessary to enter into the Application and any and all contracts or obligations related thereto;
5. The Corporation is currently a tax exempt entity under the terms of the Section 501(c)(#) of the United States Internal Revenue Code;
6. The Corporation intends to maintain its status as a tax exempt entity under the terms of the Section 501(c)(#) of the United States Internal Revenue Code and shall take all actions necessary to maintain that status;
7. All materials, exhibits, attachments, forms, statements, certifications, question responses, answers and all other documents provided by the Corporation in the Application are true and correct;
8. The Corporation, if awarded a Grant, intends to comply with all terms and conditions of the Application and the contracts and obligations related thereto; and
9. I am executing this Certification under oath and voluntarily submitting the materials, documents, question responses and any and all other information with the knowledge that false or incomplete materials, documents, question responses or other information could result in criminal prosecution, denial or subsequent revocation of a Grant.

STATE OF ARIZONA)
County of)

THE FOREGOING CERTIFICATION was subscribed and sworn before me this _____ day of _____, 20____, by _____, the
of _____, a non profit corporation, on behalf of that corporation.

Notary Public
My Commission Expires:

ORGANIZATION AUTHORITY TO APPLY

(All non-entity third party project sponsors must complete.)

APPROVAL OF APPLICATION FOR: (Project Sponsor Organization):

WHEREAS, the Congress of the United States has authorized the Recreational Trails Program (RTP) as a federal-aid assistance program to help states provide and maintain recreational trails for motorized and non-motorized recreational use, and the State Of Arizona has established the Off-Highway Vehicle Recreation Fund to fund a variety of off-highway vehicle recreations projects, and these funds are available to eligible project sponsors for acquiring lands and developing facilities for public off-highway vehicle purposes; and

WHEREAS, Arizona State Parks is responsible for the administration of the Statewide OHV Program within the State, setting up necessary rules and procedures governing application by eligible project sponsors under the program; and

WHEREAS, said adopted procedures established by Arizona State Parks require the project sponsor to certify by resolution the approval of applications, signature authorization, the availability of local matching funds (if applicable), and authorization to sign a Project Agreement with Arizona State Parks prior to submission of said applications to the Arizona State Parks; and

NOW, THEREFORE, BE IT RESOLVED THAT (Project Sponsor Organization) hereby:

1. Has conducted a properly noticed meeting of the general membership and voted to approve the filing of an application for funds from the Arizona State Parks; and
2. Certifies that the application is consistent and compatible with all adopted plans and programs of (Project Sponsor Organization) for participation in the proposed project; and
3. Agrees to comply with all appropriate procedures, guidelines, and requirements established by Arizona State Parks as a part of the application process; and
4. Certifies that (Project Sponsor Organization) will comply with all appropriate state and federal regulations, policies, guidelines, and requirements as they relate to the application; and
6. Appoints the (Title - can be more than one person) as agent of (Project Sponsor Organization) to conduct all negotiations, execute and submit all documents including, but not limited to, applications, agreements, amendments, billing statements, and so on which may be necessary for the completion of the aforementioned project.

I, the undersigned, being the duly appointed and qualified as (Office Held) of (Project Sponsor Organization), certify that the authority to apply for this grant was approved by majority vote at a regular meeting of (Project Sponsor Organization, held on (month) , (day , (year) at which a quorum was present.

Signed by: _____

Date:

Printed name and Title:

Approved As To Form:

Attorney (if appropriate):

Date:

**SECTION IV. CULTURAL RESOURCES:
COMPLIANCE WITH THE NATIONAL HISTORIC PRESERVATION ACT, SECTION 106**



CULTURAL CLEARANCE REVIEW FORM-2015

In Arizona, the Arizona Department of Transportation (ADOT), the Federal Highway Administration (FHWA) and the State Historic Preservation Office (SHPO) participate in a process to determine the effect, if any, a proposed project may have on significant archaeological and/or historical cultural resources. Significant cultural resources are those that are eligible for listing on the Arizona or National Registers of Historic Places. Each grant application recommended for funding will be reviewed as part of this process. To assist in this review, the applicant is required to submit the following information with each application for funding assistance.

SECTION I.

1. A completed copy of this form;
2. At least two (2) legible, detailed and labeled maps:
 - a) A detailed map showing all project activities and any other related project actions (e.g., staging areas, the location of riprap, new access roads, etc.)
 - b) A legible 7.5' USGS map showing the project area;
3. A copy of the cultural resources survey report(s) if a survey of the property has been conducted;
4. A copy of any comments regarding eligibility, findings of effect, and any conditions associated with findings made by the land managing agency/landowner and archaeologist (i.e. state, federal, county, municipal) on potential impacts of the project on archaeological and/or historical cultural resources.
5. A copy of SHPO comments, if the survey report has already been reviewed by SHPO.

If these documents are missing, your project cannot be reviewed, and your application and funding will be delayed.

Grant Program: Project Title:

Applicant Name and Address:

Current Land Owner/Manager(s):

Project Location, including Township, Range and Section:

SECTION II.

Please answer the following:

1. Total project area in acres (or total miles if trail):
2. Does the proposed project have the potential to disturb the surface and/or subsurface of the ground?
☐ YES ☐ NO
3. Please provide a description (what, where, why, and how) of the proposed project, and specifically identify any surface and/or subsurface impacts that are expected. Provide measurements for anticipated surface (areal) and subsurface (depth) disturbances that will be part of the proposed project. Discuss both direct and indirect impact areas, such as staging areas and access routes that will be used as part of the project.

4. Describe the condition of the current ground surface within the entire project boundary area (for example, is the ground in a natural undisturbed condition, or has it been bladed, paved, graded, etc.). Estimate horizontal and vertical extent of existing disturbance. Attach extra sheets if more space is needed. Attach photos of project area to document condition, particularly of those areas that have experienced impacts.

5. Are there any known prehistoric and/or historical archaeological sites in or adjacent to the project area?

☐ YES ☐ NO ☐ UNKNOWN

6. Has the project area been previously surveyed for cultural resources by a qualified archaeologist?

☐ YES ☐ NO ☐ UNKNOWN

If yes, please submit a copy of the survey report. Please attach any comments on the survey report made by the land managing agency and/or SHPO.

If, no, please provide a rationale for survey not being necessary (e.g. previously disturbed).

7. Are there any buildings or structures (including mines, bridges, dams, canals, etc.) that are 50 years or older in or adjacent to the project area? ☐ YES ☐ NO ☐ UNKNOWN

If YES, complete an Arizona Historic Property Inventory Form (Next document) for each building or structure, attach it to this form, and submit it with your application.

8. Is your project area within or adjacent to a historic district? ☐ YES ☐ NO ☐ UNKNOWN

If YES, name of district:

SECTION IV.

Will your project involve any of the following activities?

Bridge rehabilitation or replacement	<input type="checkbox"/> YES <input type="checkbox"/> NO
Signs, kiosks, and markers replacement or installation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Upgrading the trail and or parking lot from dirt to stone or woodchips, or stone or woodchips to a paved (asphalt concrete, or other paved surface) or boardwalk surface;	<input type="checkbox"/> YES <input type="checkbox"/> NO
Fencing, guardrail, retaining wall, or berm replacement or installation	<input type="checkbox"/> YES <input type="checkbox"/> NO
Drainage modification feature or structure	<input type="checkbox"/> YES <input type="checkbox"/> NO
Landscaping	<input type="checkbox"/> YES <input type="checkbox"/> NO
Compliance under the Americans with Disabilities Act (ADA) including the following:	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Ramps;	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Railings;	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Resurfacing (to pavement or boardwalk);	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Parking and trail access;	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Signage;	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Portable Toilets	<input type="checkbox"/> YES <input type="checkbox"/> NO

Permanent installation of ancillary facilities such as port-a-potties, bike racks, lighting, benches, trash receptacles, and trail course design features (jumps, water hazards, par course equipment, picnic benches).	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Renovation and restoration of trails and trail access routes, in-kind within an established path or trail way	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Regrading of trail and/or parking areas within established trail way	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Striping and restriping	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Debris removal	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Educational materials	<input type="checkbox"/> _YES <input type="checkbox"/> _NO
Connector trails within boundaries of existing property	<input type="checkbox"/> _YES <input checked="" type="checkbox"/> _NO
Repair of existing signs, kiosks markers, bridges, fences, guardrails, retaining walls, and berms	<input type="checkbox"/> _YES <input type="checkbox"/> _NO

If yes to any items from **SECTION IV** please provide a short description of the work to be done.

Please sign on the lines below certifying all information provided for this application is accurate, to the best of your knowledge.

**NOTE: THIS FORM MUST BE REVIEWED AND SIGNED BY THE
ARCHAEOLOGIST FOR AGENCIES THAT HAVE A STAFF ARCHAEOLOGIST.
FACSIMILE OR ELECTRONIC SIGNATURES ARE NOT ACCEPTABLE.**

Archaeologist Signature

Date:

Archaeologist Printed Name:

Title:

Agency:

Phone Number:

Email:

Applicant Signature

Date:

Applicant Printed Name

Title:

Phone Number:



**Arizona Department of Transportation/Arizona State Parks
Recreational Trails Program
NEPA - Categorical Exclusion – CE Checklist
For Projects Prepared Under
23 CFR 771.117(c) & (d)**

Project Name: Project Sponsor: Grant Amount: \$ Sponsor Match: \$ Project Cost:	OFFICIAL USE ONLY ADOT Project Number: State Parks Project Number: Federal-Aid Number: STIP/TIP ID Number:
Project Category: <input type="checkbox"/> Motorized <input type="checkbox"/> Non-motorized <input type="checkbox"/> Diversified <input type="checkbox"/> Educational/Safety <input type="checkbox"/> Administration If "Administration" then all questions below should be "No"	

II. Location and Limits: <i>[Reference the city/town and/or county name as applicable], Arizona. USGS quad and describe the location as needed.</i> <div></div>
--

III. Purpose and Description: <div></div>

IV. CE Checklist:	Yes	No
1. Does the project involve the acquisition of right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does the project involve any residential or non-residential displacements?	<input type="checkbox"/>	<input type="checkbox"/>

IV. CE Checklist:		Yes	No
3. Are there National Register listed or eligible sites in the Project Area? 4. Will the project affect any National Register listed or eligible sites? If "yes" to either of the above questions, briefly summarize and attach the following: survey reports, determinations and concurrences from the State Historic Preservation Office or Tribal Historic Preservation Office, and any agreements for resolution of adverse impacts. <div style="background-color: #cccccc; width: 50px; height: 15px; margin-top: 10px;"></div>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Does the project require the use of a resource protected under 23 U.S.C. 138 or 49 U.S.C. 303 (Section 4(f))? If there are 4(f) properties with ¼ mile then contact ADOT		<input type="checkbox"/>	<input type="checkbox"/>
6. Does the project require a U.S. Army Corps of Engineers 404 permit?		<input type="checkbox"/>	<input type="checkbox"/>
7. Are there threatened or endangered species or critical habitat designated or proposed under the Endangered Species Act present? 8. If "yes" does the project have a determination of "may affect, likely to adversely affect"? Describe impacts and attach documentation of consultation with U.S. Fish & Wildlife Service or Tribal Wildlife Service. <div style="background-color: #cccccc; width: 50px; height: 15px; margin-top: 10px;"></div>		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
9. Does the project involve construction in, across or adjacent to a river component designated or proposed for inclusion in the National System of Wild and Scenic Rivers? 10. Will the project result in 1 or more acres of ground disturbance? If "yes" describe the impacts, list permits, and attach documentation of consultations.		<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
11. Does the project involve a floodplain encroachment for other than functionally dependent uses (e.g. bridges, wetlands) or actions that facilitate open space use (e.g. recreational trails, bicycle and pedestrian paths)?		<input type="checkbox"/>	<input type="checkbox"/>
12. Does the project involve any other impacts? If "yes" explain below:		<input type="checkbox"/>	<input type="checkbox"/>
<i>If the answer to all of the above questions is NO, the proposed action qualifies for processing as a C-list Categorical Exclusion. If the answer to any of the above question is YES, contact the Recreational Trail Program Coordinator to confirm the level of environmental documentation.</i>			

V. Applicant Certification:
I certify that the information provided on this form and any supplemental documents are accurate and complete to the best of my knowledge. Signature: _____ Date: _____ Name: _____ Title: _____ Contact Information: _____

STATE OF ARIZONA HISTORIC PROPERTY INVENTORY FORM

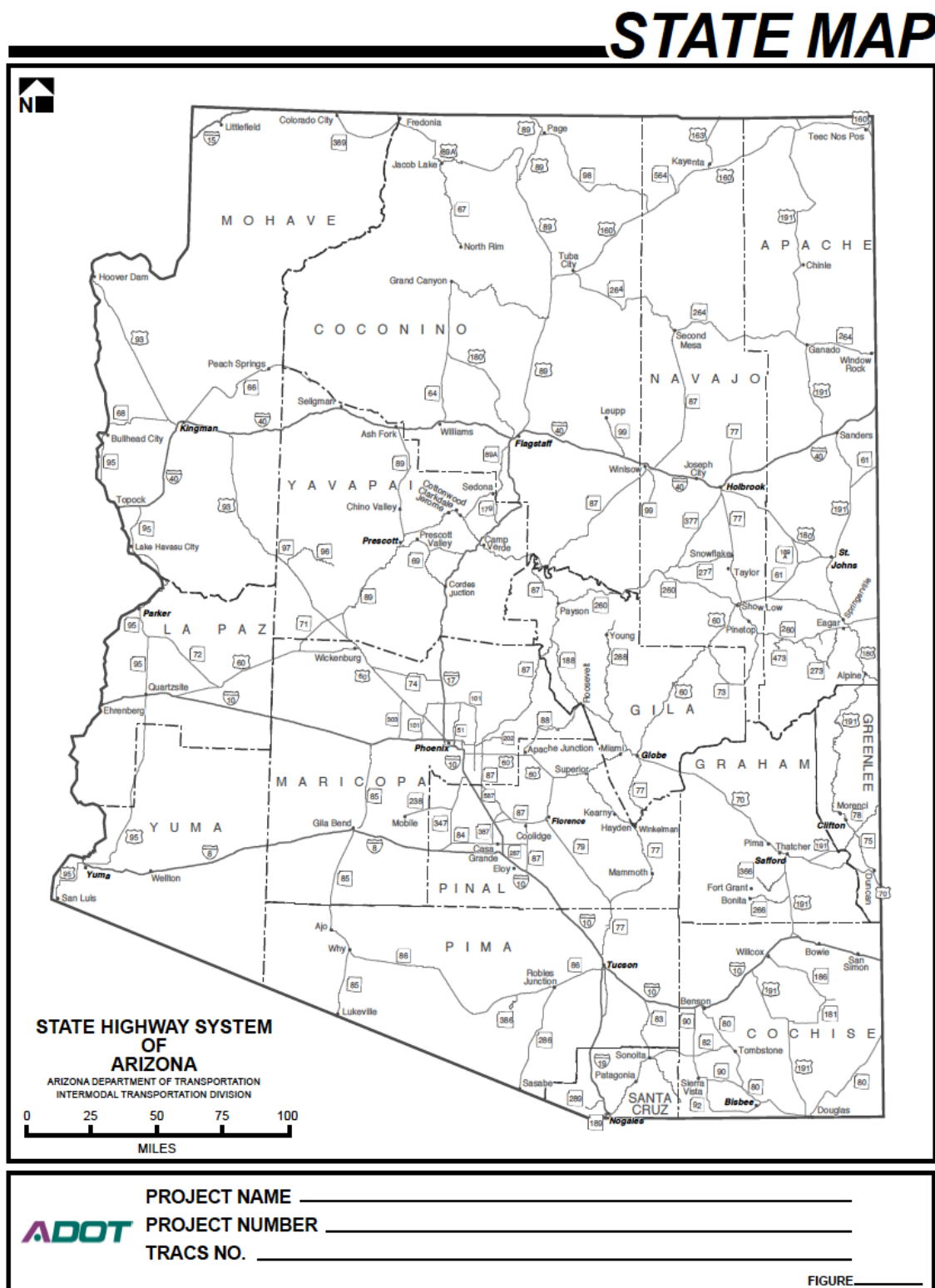
Please type and fill out each applicable space accurately and with as much information as is known about the property.

PROPERTY IDENTIFICATION

For Properties identified through survey: Site No.		Survey Area:	
Historic Name(s): (Enter the name(s), if any, that best reflects the property's historic importance.)			
Address:	City or Town:	Vicinity	County
Township:	Range:	Section:	Quarters:
Block:	Lot(s):	Plat (Addition):	Year of plat (addition):
UTM reference: Zone	Easting	Northing	
USGS 7.5' quadrangle map:			
ARCHITECT	<input type="checkbox"/> not determined. <input checked="" type="checkbox"/> known	Source	
BUILDER	<input type="checkbox"/> not determined <input type="checkbox"/> known	Source	
CONSTRUCTION DATE	<input type="checkbox"/> known <input type="checkbox"/> estimated	Source	
STRUCTURAL CONDITION <input type="checkbox"/> Good (well maintained; no serious problems apparent) <input type="checkbox"/> Fair (some problems apparent) Describe: <input type="checkbox"/> Poor (major problems; imminent threat) Describe: <input type="checkbox"/> Ruin/Uninhabitable			
USES/FUNCTIONS Describe how the property has been used over time beginning with the original use. Sources			
PHOTO INFORMATION Date of photo View Direction (looking towards) Negative No.		Attach a recent photograph of property in this space. Additional photos may be appended.	

<p><u>SIGNIFICANCE</u> <i>To be eligible for the National Register, a property must represent an important part of the history or architecture of an area. The significance of a property is evaluated within its historic context, which are those patterns, themes, or trends in history by which a property occurred or gained importance. Describe the historic and architectural contexts of the property that may make it worthy of preservation.</i></p> <p>A. HISTORIC EVENTS/TRENDS. <i>Describe any historic events/trends associated with the property:</i></p> <p>B. PERSONS. <i>List and describe persons with an important association with the building:</i></p>	
<p>Architecture Style _____ No Style _____</p> <p>Stories _____ Basement _____ Roof form _____</p> <p><i>Describe other character-defining features of its massing, size, and scale</i></p>	
<p><u>INTEGRITY</u> <i>To be eligible for the National Register, a property must have integrity, i.e., it must be able to visually convey its importance. The outline below lists some important aspects of integrity. Fill in the blanks with as detailed a description of the property as possible.</i></p>	
<p><input type="checkbox"/> LOCATION <input type="checkbox"/> Original site <input type="checkbox"/> Moved: date _____ original site _____</p> <p>DESIGN. <i>Describe alterations from the original design, including dates</i></p>	
<p>MATERIALS. <i>Describe the materials used in the following elements of the property.</i></p> <p>Walls (structure) _____ Walls (sheathing) _____</p> <p>Roof _____ Foundation _____</p>	
<p>SETTING. <i>Describe the natural and/or built environment around the property</i> <i>How has the environment changed since the property was constructed?</i></p>	
<p>WORKMANSHIP. <i>Describe the distinctive elements, if any, of craftsmanship or method of construction</i></p>	
<p><u>NATIONAL REGISTER STATUS</u> (if listed, check the appropriate box)</p> <p><input type="checkbox"/> Individually Listed <input type="checkbox"/> Contributor <input type="checkbox"/> Non-contributor to _____ Historic District</p> <p>Date Listed _____ [] Determined eligible by Keeper of National Register (date _____)</p>	
<p>OFFICIAL USE ONLY (opinion of SHPO staff or survey consultant)</p> <p>RECOMMENDATIONS ON NATIONAL REGISTER ELIGIBILITY</p> <p>Property <input type="checkbox"/> is _____ <input type="checkbox"/> is not eligible individually.</p> <p>Property <input type="checkbox"/> is _____ <input type="checkbox"/> is not eligible as a contributor to a listed or potential historic district.</p> <p><input type="checkbox"/> More information needed to evaluate.</p> <p>If not considered eligible, state reason:</p> 	

*Per request from ADOT -When submitting project maps please use this map –State Map- as a cover sheet.
Using this “cover map” please highlight the project location. Place all project maps after this page.*



REQUIRED FORMS CHECKLIST

To be eligible for funding consideration, each application must include all applicable items below and any supporting documents that are pertinent to the project. A detailed explanation of each item is provided in the manual. If you have any questions regarding any of the forms below please contact ASP.

All documents requiring the project sponsor's signature must be signed by the agent authorized in the resolution to execute and submit documents on behalf of the applying entity. The authorized agent must submit a written list of any other persons who will be signing and submitting documents during the period of the project.

- ☐ **A. FY 2016 RECREATIONAL TRAILS PROGRAM AND OFF-HIGHWAY VEHICLE PROGRAM CERTIFIED GRANT APPLICATION FORM (PGS 1-2)**
- ☐ **B. GRANT CRITERIA RESPONSE FORMS (Projects Approved By ASP Under Trail Maintenance Category Not Applicable)**
- ☐ **C. CONTROL & TENURE DOCUMENTS**
- ☐ **D. AMERICANS WITH DISABILITIES ACT (ADA) CERTIFICATION**
- ☐ **E. CULTURAL CLEARANCE REVIEW FORM**
- ☐ **F. SHPO HISTORIC PROPERTY INVENTORY FORM**
- ☐ **G. NEPA FORM**
- ☐ **H. A COPY OF ANY COMMENTS REGARDING ELIGIBILITY, FINDINGS OF EFFECT, AND ANY CONDITIONS ASSOCIATED WITH FINDINGS MADE BY- The Land Managing Agency/Landowner And Archaeologist (I.E. State, Federal, County, Municipal) On Potential Impacts Of The Project On Archaeological And/Or Historical Cultural Resources..**
- ☐ **I. PROJECT SPONSOR RESOLUTION/AUTHORITY TO APPLY (VERSIONS FOR ALL PROJECT SPONSORS)**
- ☐ **J. GRANT SCOPE SHEET**
- ☐ **K. AT LEAST FOUR 4" X 6" COLOR PHOTOGRAPHS**
- ☐ **L. MAPS & PLANS**
- ☐ **M. 10 CDS. PLEASE ATTACH ALL REQUIRED DOCUMENTS & FORMS WITH THE GRANT APPLICATION. For cultural/environmental surveys of 20 pages or more please do not attach directly to the application; place on each CD separately from the application.**